REPORT ON THE RHODE ISLAND EARLY INTERVENTION SYSTEM: FUTURE DIRECTION AND ACCOMPLISHMENTS, PART III

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I. Background

Budget Article 44, effective July 1, 2004, transferred the administration of the State's Early Intervention (EI) System from the Rhode Island Department of Health (HEALTH) to the Rhode Island Department of Human Services (DHS). Section 23-13-22(b) of Act H 8669 required "an evaluation plan describing outcome measures that document the system's successes and shortcomings from the previous fiscal year be submitted to the speaker of the house of representatives, the president of the Senate and the House Oversight Committee and the Governor and the Interagency Coordinating Council." This report was submitted on November 5, 2004.

Within six (6) months, it was required that DHS shall report on (A) prescribed outcomes documented in the evaluation plan, including written explanation for those not yet accomplished, (B) the progress of coordination of efforts with HEALTH, the Department of Education (RIDE), the Interagency Coordinating Council (ICC) and other stakeholders, as well as (C) recommendations regarding modifications to reimbursement mechanisms. This report was submitted on February 4, 2005.

Additionally, R.I.G.L. Section 23-13-22(d) required a final report to be completed within twelve (12) months to include "the progress of the coordination between the Department of Health and the Department of Human Services and Department of Elementary and Secondary Education, Interagency Coordinating Council and shall include any recommendations regarding modifications to the comprehensive array of educational, developmental, health and social services provided on a calendar year basis to eligible infants, children, and their families as specified in the early intervention system." Products of this coordination and the various systemic changes pursuant to 20 U.S.C. sec. 1416 et seq. will be the foundation of this final report.

II. Early Intervention System Updates

The last report highlighted the Lead Agency and stakeholder's efforts to address perceived challenges within the EI system. These include continued successful collaboration in the following areas:

1. The Rhode Island EI System has fully transitioned from the Department of Health to the Department of Human Services evidenced by the promulgation of the *Early Intervention State Rules and Regulations* and the completion of the application for grant monies to the Office of Special Education Programs (OSEP).

2. Collaboration between EI providers, Electronic Data Systems (EDS) and DHS has improved the predictability of reimbursement procedures and the timeliness of payments, with particular emphasis on operationalizing the insurance mandate.

3. A capacity workgroup consisting of ICC members, EI providers, parents and DHS staff continues to review and implement solutions to improve timely access and initiation of EI services.

4. Parent's perception that the intensity or amount of EI services for some populations/conditions is inadequate has been a focus of programmatic improvement efforts. A shift away from this dissatisfaction is reflected in the most recent survey conducted by the Rhode Island Parent Information Network (RIPIN).

5. The EI system continues to increase the cultural and linguistic competency of its providers, staff, and communication materials through professional trainings, various technical assistance efforts as well as the public awareness workgroup.

6. For those children who do not qualify for Preschool Special Education and/or need additional services and supports at transition or discharge, appropriate community resources are being identified and accessed more readily through DHS efforts to integrate the EI system into the available continuum of care for Children with Special Health Care Needs (i.e. CEDARR and CEDARR Direct Services collaboration).

III. Early Intervention System Strategies & Products

The Department of Health, the Department of Human Services, the Department of Education, and the Interagency Coordinating Council will continue to collaborate to create a comprehensive array of educational, developmental, health and social services. Through on-going Part B/Part C collaboration, ICC meetings, KIDSNET data sharing meetings, EI Provider Partnership meetings, various workgroup meetings addressing programmatic issues, and internal staff meetings, DHS is committed to continually monitor and improve the continuum of services for all children in Rhode Island. The following strategies and products evidence these efforts:

- *Rhode Island State Early Intervention Rules and Regulations* underwent a sixty (60) day public comment period and public hearing process. Rules and Regulations were promulgated September 1, 2005. See Supporting Documents.

- A revised draft of the EI Certification Standards was released August 5th, 2005. DHS solicited public comments until September 1st, 2005. Current EI providers must submit applications for recertification by October 31st, 2005 as current certification expires on December 31, 2005. Additionally, DHS has begun concentrated efforts to recruit new providers particularly in areas where there is evidence of underserved populations. Revised Certification Standards operationalize solutions and strategies introduced and reviewed by the capacity workgroup. Technical Resource Documents designed to guide both current and potential new EI providers in the

provision of EI services are available on the DHS website. See Supporting Documents.

- Application for federal grant monies, in which systemic changes that align the EI system with the revised Individuals with Disabilities Education Act (IDEA) 2004 and bring DHS into compliance with the OSEP requirement to "minimize the number of rules, regulations, and policies to which providers are subject that are more rigorous than OSEP mandates," was submitted in May 2005. See Supporting Documents.

- An ICC subcommittee is working in conjunction with DCYF on implementation of CAPTA legislation to determine most appropriate method for handling potential influx of new referrals.

- Improved communication materials are being designed to educate both families and the physician/pediatrician community on the EI service delivery model.

- Upcoming public awareness activities are being designed to build collaboration between EI providers and existing DHS programs for Children with Special Health Care Needs.

- Extended contractual agreements with the University of Rhode Island and Rhode Island College make available continued programmatic technical assistance for DHS staff, EI providers and Specialty providers as well as manage requirements around the Comprehensive System of Personnel Development (CSPD) as mandated by OSEP.

- Due to limitations in application software, upcoming federal requirements, and the need to integrate EI into the overall Center for Child and Family Health (CCFH) system, plans to rebuild the EI Management Information System (EIMIS) are being developed. The new system will support providers in service provision and coordination and allow DHS to better monitor provider performance. A new system will promote:

    - Consistent eligibility decisions
    - Collection of new outcome data as defined by federal requirements
    - Collaboration and information sharing with primary care providers (HCFA)
    - Collection of transition and discharge data
    - Data transfer when child transfers to another provider, having a unique ID, for each child
    - Data sharing between Certified EI providers and Specialty Providers
    - Real-time data

- Standardized forms
- Tracking of special populations.

- A State Performance Plan (SPP) workgroup inclusive of stakeholders has begun work on the SPP due December 2nd, 2005. Per OSEP guidelines, the SPP will address the fourteen (14) priority indicators required for Part C that include measurable and rigorous targets for the next six years. The SPP will guide the future direction of the EI system.

IV. Early Intervention System Baseline Data

In the February report, DHS delineated measurable programmatic indicators for each of the goals implemented and monitored by DHS. Below is the baseline data for these goals with targets for improvement where needed. This information will be used in the State Performance Plan in December of 2005. The information will be then reported in the Annual Performance Report (APR) submitted to the Office of Special Education Programs (OSEP). In each APR, DHS will provide information regarding; (1) performance against targets, (2) discussion of improvement activities completed and explanation of progress and/or slippage, (3) any revisions to approved targets, improvement activities, timelines or resources.

Goal #1: All eligible infants and toddlers are identified, evaluated, and enrolled with particular attention to reaching those with the highest risks and needs.

Indicator #1: What percent of children under the age of one (1) are identified as eligible for EI enrolled in EI? How is this percentage comparable with State and national data?

Method #1: Compare KIDSNET[1] data to EIMIS and federally reported data.

Baseline Data for Indicator #1:

In 2003, Rhode Island ranks 5th out of the fifty states and District of Columbia for serving eligible infants with disabilities under the age of one. This is the most current national data available from the Office of Special Education Program. (OSEP) (Data based on the December 1, 2003 count, updated as of July 31, 2004 from OSEP).

Goal #2: Services are tailored to optimize each individual child's potential and to address family needs. Services are offered in a variety of natural environments and in an inclusive manner.

[1] **KIDSNET is a Department of Health integrated information management and tracking system for children in Rhode Island. KIDSNET provides policymakers and citizens with indicators of child well being, seeking to enrich local, state, and national discussions concerning ways to secure better futures for all children. There are ongoing meetings with the Department of HEALTH to share data on a quarterly basis.**

Indicator #2: Does the timely evaluation and assessment of child and family needs lead to identification of all needs related to enhancing the development of the child?

Method #2: Compilation of questions on RIPIN family survey to determine yearly trends.

Baseline Data for Indicator #2:

Data based on a survey of families who were active in Early Intervention during 2004 conducted by the Rhode Island Parent Information Network (RIPIN) given in the spring of 2005, 94.42% either agreed or strongly agreed with the statement "EI helps my family to learn about how to help my child develop".

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	No Answer	Totals
Total	284	147.5	16.5	2	4	3	457
Percent	62.14%	32.28%	3.61%	0.44%	0.88%	0.66%	

Additionally, 95.19% of EI families either agreed or strongly agreed with the statement "My family participated with EI staff in the development of the Plan including choosing the goals for my child".

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	No Answer	Totals
Totals	299	136	8	2	5	7	457
Percent	65.43%	29.76%	1.75%	0.44%	1.09%	1.53%	

Indicator #2a: Are all the services identified on IFSPs provided?

Method #2a: Build query of IFSP screen in EIMIS to examine timeliness of services based on DHS determined standards

Baseline Data for Indicator #2a:

Sample months were reviewed from EIMIS. The samples indicate that 86% of children received at least one service that was on their IFSP. Of the 14% who did not receive at least one service on their IFSP, 68% received services that were not indicated on their IFSP. This discrepancy between service provision and how the services are billed is being reviewed. Going forward, DHS will be better able to monitor provider performance through quality assurance and monitoring procedures introduced in the revised EI Certification Standards and reporting requirements which will be instituted with the new data system.

Despite this baseline data, 90.25% of EI families either agreed or strongly agreed with the statement "I worked together with EI staff to decide when, where, and how often my child would receive services to meet my goals"

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	No Answer	Totals
Total	298	119	20	6	5	9	457
Percent	65.21%	26.04%	4.38%	1.31%	1.09%	1.97%	

Goal #3: All participating children have a successful transition to appropriate systems and services when they reach age three.

Indicator #3: Do ALL children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services and supports by their third birthday?

Method #3: A reporting tool will be developed that requires EI providers to present appropriate referrals to related programs, community resources and supports.

Baseline Data for Indicator #3:

Between June 2004 and December 2004 1089 children eligible for EI were discharged—414 of these children transitioned to Part B.

58% of the 322 children transitioning out of EI who were not eligible for Part B were referred to appropriate community services and supports. DHS' future efforts will focus on improved coordination between EI providers and programs for Children with Special Health Care Needs.

Because data on specifics on what occurs during transition meetings is not currently recorded in the EIMIS, an improved transition module will be included in the new data system and will allow DHS to better analyze this data. Additionally, revised Certification Standards mandate an improved transition process.

All Discharges 6/1/04-12/31/04

Children Transitioned at Age 3	1089	
Unable to give referral* (moved out of state, deceased, etc.)	353	32.42%
Ineligible Part B	322	29.57%
Part B Eligible	414	38.02%

Community Services and Supports Referrals		
Another Foster Home through DCYF	2	0.62%
Baynet	1	0.31%
CFS/FHCF	11	3.42%
Child Find	1	0.31%
Child OutReach	24	7.45%
Community Agency/Daycare	7	2.17%
Early Head Start	4	1.24%
Family Support	10	3.11%
Hasbro's feeding team/PT	2	0.62%
Head Start Program	13	4.04%
Home	18	5.59%
LEA	9	2.80%
Parents as Teachers	1	0.31%
Pediatrician	84	26.09%
Providence Center	1	0.31%
Shriners Hospital	1	0.31%
No Referral (excluding *)	133	41.30%
Total Referrals	322	100.00%

Goal #4: Available funds (public and private) are leveraged and services are coordinated to better serve more infants and toddlers with developmental delays and disabilities.

Indicator #4: Where appropriate, is commercial insurance identified, accessed, and billed for EI services?

Method #4: Report amount of dollars billed to commercial insurers for EI services.

Baseline Data for #4:

Primary Insurance for Enrolled EI Children between 6/1/04 and 12/31/04 (EIMIS)

Medicaid	134	5.90%
RiteCare	928	40.83%
Private Insurance	1168	51.39%
Uninsured	43	1.89%
Enrolled in EI	2273	

Over the past several months, DHS has been working closely with the EI providers and insurance carriers to ensure accurate and timely claims payment. There were some system configuration issues with one of the major carriers that has caused payment delays and inaccuracies for both commercial and RIte Care claims. A representative who participates regularly in the ICC meetings from the Department of Business Regulation (DBR) has been made aware of these challenges and is involved in their resolution. Additionally, ongoing technical assistance for billing issues is available to EI providers through a representative from Electronic Data System (EDS).

Goal #5: Based on Individualized Family Service Plans (IFSPs), appropriate and accessible providers are available for the array of interventions needed by EI infants, toddlers, and their families.

Indicator #5: Are there sufficient numbers of staff in each discipline to meet the identified early intervention needs of all eligible infants, toddlers and their families?

Method #5: EI providers report on staffing capacity.

Baseline Data for #5:

Revised Certification Standards, including an application guide, enables provider applicants to determinate appropriate staffing ratios in accordance with number of children served. Certification Standards also broadened the billing capacity of qualified professionals to encourage hiring of different levels of staff. Additionally, DHS is working with providers to improve recruitment and retention of all qualified personnel.

A personnel survey administered in December 2004 by DHS revealed differing turnover rates at each provider site as well as the following EI provider personnel totals:

EARLY INTERVENTION SERVICES PERSONNEL	FTE EMPLOYED AND CONTRACTED (for ages birth through 2)
TOTAL (ROWS 1-15)	164.99
1. AUDIOLOGISTS	0.35
2. FAMILY THERAPISTS	1
3. NURSES	9.63
4. NUTRITIONISTS	3.58
5. OCCUPATIONAL THERAPISTS	21.11
6. ORIENTATION AND MOBILITY SPECIALISTS	0
7. PARAPROFESSIONALS	3.6
8. PEDIATRICIANS	0.08
9. PHYSICAL THERAPISTS	14.68

10. PHYSICIANS, OTHER THAN PEDIATRICIANS	0.33
11. PSYCHOLOGISTS	0.45
12. SOCIAL WORKERS	5.95
13. SPECIAL EDUCATORS	7.3
14. SPEECH AND LANGUAGE PATHOLOGISTS	26.61
15. OTHER STAFF*	70.32
* Please list the Other Professional Staff Included:	Administration (Directors, Program/Service Managers), Interpreters, Early Interventionists, Early Childhood Educators, Parent Consultants, Operations Support Staff (Secretarial support, data entry and billing staff, transportation staff), Clinical Supervisor
COMPUTED TOTALS	164.99

V. Closing

DHS submits this report to your committee and believes it reflects our commitment and continued improvement to the delivery of the highest quality of services for all families in Rhode Island. Despite programmatic challenges, DHS, its collaborators and current EI providers continually illustrate how family centered practice is an essential element and core value of all successful EI services. Families' priorities and strengths are at the center of EI and families are equal partners in the design and delivery of services.

Baseline data outlined throughout this report highlight programmatic successes as well as areas where growth is needed. The SPP will continue to promote these improvement efforts and will be available to the committee on December 2nd, 2005.

SUPPORTING DOCUMENTS